



Department of Health
Three Capitol Hill
Providence, RI 02908-5097
TTY: 711
www.health.ri.gov

June 24, 2019

Re: Client Case Id:

DOB:

Dear colleague,

Please be informed that according to the Rhode Island Department of Health (HEALTH) Healthy Homes and Lead Poisoning Prevention Program's laboratory reporting system, the above child had a capillary screening test result of $\mu\text{g/dL}$ on and has not had a report of a venous follow-up test within the time period specified below. If you have additional information indicating that this child, in fact, received a venous confirmation test, please let us know by calling [Staff Member] at [Staff phone].

The U.S. Centers for Disease Control (CDC) and the Department of Health recommend the following timetables for confirming capillary screening results with a venous sample:

BLOOD LEAD LEVEL

<4 $\mu\text{g/dL}$
5-19 $\mu\text{g/dL}$
20-44 $\mu\text{g/dL}$
45-69 $\mu\text{g/dL}$
>70 $\mu\text{g/dL}$

TIMETABLE

No Follow up Needed
Within 3 Months
Within 1 Week
Within 48 Hours
Immediately

We ask that you make every effort to obtain a timely venous confirmation for children with unconfirmed elevated capillary results. Should you have questions or believe that we can be of any assistance to you relative to following-up with this or any other unconfirmed cases that you might have, please do not hesitate to call.

Sincerely,
Healthy Homes and Lead Poisoning Prevention Program

Fingerstickfollowup.dot Revised 7/12

**State of Rhode Island and Providence Plantations
Childhood Lead Poisoning Prevention Program
Lead Inspection Referral Form**

Child's Name:

DOB:

Client Case ID:

Env Case ID:

Address to Inspect:

Insurance:

Parent/Guardian:

Inspector Information

Comments: Send original inspection report to DOH, hard copy to parent via certified mail/return receipt, and email to the lead center contact below.

Case Management Agency

Comments: Please provide above inspector with assigned Case Manager's name & contact information.

Reason for Referral:

Provider Information

Provider Name:

Address:

Lead Program Contact and Deadline

Date referral processed:

DOH contact:

Date referral sent to inspector:

Email:

Inspector response deadline:

Office:

Inspector Response

Inspection scheduled for: _____ at _____ am/pm.

_____ Inspection not scheduled

1. Attempts to reach the family include:

2. Lead Center was informed of trouble on _____
3. I will keep working on this case and notify DOH via email if the attempts remain unsuccessful. _____
4. I am no longer working on this case because: